



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

MAIL TO: BUREAU OF FINANCE/RECEIPTS UNIT-FOOD PROTECTION  
129 PLEASANT ST, CONCORD, NH 03301  
Telephone: 603-271-4589 FAX: 603-271-4859 TDD Access: 1-800-735-2964  
Website: www.dhhs.nh.gov E-mail: foodprotection@dhhs.state.nh.us

APPLICATION FOR ANNUAL FOOD PROCESSING PLANT LICENSE

NOTE: See Reverse for Instructions.

RS-405263

<sup>1</sup>Full Legal Name of Corporation, LLC or Owner(s) \_\_\_\_\_

<sup>2</sup>Name of Establishment \_\_\_\_\_

<sup>3</sup>Location (Street) \_\_\_\_\_ (Town, State) \_\_\_\_\_ (Zip) \_\_\_\_\_

<sup>4</sup>Mailing Address (if different) \_\_\_\_\_ (Town, State) \_\_\_\_\_ (Zip) \_\_\_\_\_

<sup>5</sup>Telephone # of Establishment (\_\_\_\_) \_\_\_\_\_ <sup>6</sup>Emergency Contact Telephone # (\_\_\_\_) \_\_\_\_\_

<sup>7</sup>Email Address \_\_\_\_\_

<sup>8</sup>Name of Person in Charge at Establishment \_\_\_\_\_

<sup>9</sup>Schedule of Operation \_\_\_\_\_

<sup>10</sup>Renting/Space Sharing with another licensee? \_\_\_ No \_\_\_ Yes (enter name) \_\_\_\_\_

<sup>11</sup>Type of Ownership

- ☐ Sole Proprietorship ☐ Corporation  
☐ Joint Venture ☐ Limited Liability  
☐ Partnership ☐ Other (Specify) \_\_\_\_\_

<sup>12</sup>Type of License

- ☐ New Establishment  
☐ Change in License Class  
☐ Change of Ownership

<sup>13</sup>Town Water Yes or No

<sup>13</sup>Town Wastewater Yes or No

<sup>14</sup>Public Water System/(EPA) # \_\_\_\_\_

<sup>15</sup>Commercially Processing More than  
100,000 packages of food/year

☐ Class A (\$875)

<sup>15</sup>Commercially Processing Less than  
100,000 packages of Time/temp control food/year

☐ Class C (\$350)

<sup>15</sup>Commercially Processing or Packaging  
Less than 100,000 of Non-Time/Temp Control  
for Safety Bulk Food  
☐ Class G (\$100)

\*Submit all supporting documentation. Incomplete applications will be returned.

<input type="checkbox"/>	<sup>16</sup> New and Renewal: Please submit a complete product list.
<input type="checkbox"/>	<sup>16</sup> New and Renewal: Copies of product testing results, if applicable.
<input type="checkbox"/>	<sup>16</sup> New and Renewal: Please submit a copy of a sample of finished product labels per He-P 2309.04. <ul style="list-style-type: none"><li>• The common or usual name of the product.</li><li>• The name and address of the manufacturer's, packer's, or distributor's business.</li><li>• The ingredients in descending order of predominance by weight.</li><li>• The net weight, volume, or numerical count in both U.S. customary and metric;</li><li>• Known allergens</li><li>• A product code which includes date of manufacture, container size, and product lot or batch number to aid in a recall of product in case of a public health hazard.</li></ul>
<input type="checkbox"/>	<sup>16</sup> New and Renewal: Written results of laboratory water for bacteria, nitrates and nitrites. (n/a if Town water or Public Water System)
<input type="checkbox"/>	<sup>16</sup> New only: HACCP Plan
<input type="checkbox"/>	<sup>16</sup> New only: Floor Plan-Include additional \$75.00 review fee. See Application Form PRAPP 07-01-15.
<input type="checkbox"/>	<sup>16</sup> New only: Septic Approval for Construction or Approval for Operation if on private septic system. (n/a if Town Wastewater)

I, (print name & title) <sup>17,18</sup> \_\_\_\_\_, certify that all information provided in or attached to this application is complete, accurate and up-to-date as of the date specified below. I further certify that there are no willful misrepresentations of the answers to questions herein, and that I have made no omissions with respect to any of my answers to the questions presented. I understand that it is my responsibility to immediately notify the Food Protection Section with regard to any changes, corrections or updates to the information provided.

SIGNATURE OF APPLICANT: <sup>19</sup> \_\_\_\_\_ DATE OF APPLICATION: <sup>20</sup> \_\_\_\_\_

----- DO NOT WRITE BELOW THIS LINE-FOR OFFICE USE ONLY -----

Date Received \_\_\_\_\_ License Fee Invoice# \_\_\_\_\_ Plan Review Invoice# \_\_\_\_\_

NH Department of Health & Human Services, Food Protection Section

Form FPAPP 07-01-19

**INSTRUCTIONS FOR COMPLETING**  
**APPLICATION FOR FOOD PROCESSING PLANT LICENSE**

Please fill in all blanks, if not applicable enter "NA", except steps 14 and 15 (leave blank if not known).

1. **Full Legal Name of Corporation or Owner** - provide the full legal name of the corporation or owner(s) of the establishment.
2. **Name of Establishment** - provide the full name of the establishment.
3. **Location** - provide location of establishment to include street number, street name, city/town, state, and zip code.
4. **Mailing Address** - provide mailing address if different than establishment location.
5. **Telephone # of Establishment** - provide the on-site telephone number for the establishment.
6. **Emergency Contact Telephone Number** - provide telephone number for individual who should be contacted in an
7. **Email Address** - provide Email address.
8. **Name of Person in Charge at Establishment** - provide the name of the individual who is in charge at the establishment.
9. **Schedule of Operation**-provide hours,days, and weeks per year this establishment will operate.
10. **Renting/Space Sharing**-if yes, indicate name and location of other licensee.
11. **Type of Ownership** - check the appropriate ownership type of the establishment, if other please specify.
12. **Type of License** - check the appropriate license type that you are applying for.
13. **Town Water/Town Wastewater** - circle "Yes" if establishment has town water or wastewater, "No" if it does not. If "No" refer to water and wastewater requirements document.
14. **Public Water System/(EPA) Number** – water results sampling number, if applicable.
15. **Class of License** - check highest class and class category. Example; ☒ Class A More than 100,000 packages of food/year.
16. **Requirements** – check each item applicable and submit supporting documentation.
17. **Printed Name** - print full name of establishment's legal owner signing application or officer of legal owner who applies for the license.
18. **Title** - provide title of establishment's applicant.
19. **Signature** - provide original signature of establishment's applicant.
20. **Date** - provide current date.

Contact NH Public Health Laboratories at 603-271-4661 for information on pH and water activity testing.

For a list of food processing authorities, refer to [www.dhhs.nh.gov](http://www.dhhs.nh.gov).

Please note, there are fifteen Self-Inspecting Cities/Towns in the state of NH, in which case you will need to contact directly for licensing if food establishment is located in one of those areas. They are: Bedford, Berlin, Claremont, Concord, Derry, Dover, Exeter, Keene, Manchester, Merrimack, Nashua, Plaistow, Portsmouth, Rochester and Salem. For contact information, please refer to [www.dhhs.state.nh.us](http://www.dhhs.state.nh.us).

**SUBMITTING YOUR APPLICATION**

1. Payment shall be made in the form of a check or money order, payable to "Treasurer, State of New Hampshire", and must accompany application. Payments are non-refundable and non-transferable.
2. Incomplete or illegible applications or applications not accompanied by payment, water test results, product list, or any other applicable attachments, will be returned. Completed application(s) should be forwarded to Bureau of Finance/Receipts Unit-Food Protection, 129 Pleasant St, Concord, NH 03301.
3. **For "Change in License Class, New or Change of Ownership" applications. Thirty (30) days after forwarding this application with all the required applicable paperwork to the Food Protection Section, call (603) 271-4589 to leave a message for your inspector to arrange for an inspection of your facility. (Please allow seven (7) business days notice for inspection appointment)**

For additional information or for further assistance, please contact the NH Department of Health and Human Services, Division of Public Health Services, Food Protection Section at (603) 271-4589 or [dhhs.foodprotection@dhhs.nh.gov](mailto:dhhs.foodprotection@dhhs.nh.gov)